

Volunteer/Intern

To:

**UNITED GENERAL DISTRICT 304** 2031C Hospital Drive Sedro Woolley, WA 98284 hr@unitedgeneral.org

## CHILD AND ADULT ABUSE INFORMATION ACT—NON EMPLOYEE

From: Mary Voss, Human Resources	
Re: Child and Adult Abuse Information	on Act
requires that employees, interns and vo have unsupervised access to and who w treatment of children or developmental civil adjudications, convictions, records of disciplinary board final decisions. Backgo appropriate state or federal law enforce	are passed the Child and Adult Abuse Information Act. This law plunteers hired on or after January 1, 1988, who will or may will may be directly responsible for the care, supervision or ally disabled persons, must make a written disclosure of certain of crimes against persons and, for licensed personnel, round inquiries on these matters will be made to the ement agencies. In compliance with this law, we are required to y hired employees and volunteers as outlined above. We keep confidence.
following offenses: aggravated murde kidnapping; first, second or third degre arson; first or second degree manslau indecent liberties; incest; vehicular hom a minor; unlawful imprisonment; simpl	ne against persons? A crime against persons includes any of the er; first or second degree murder; first or second degree ee statutory rape; first or second degree robbery; first degree ghter; first degree burglary; first or second degree extortion; nicide; first degree promotion prostitution; communication with e assault; sexual exploitation or minors; first or second degree crimes as they may be renamed in the future.
Yes	No
	nary action, (b) domestic relations proceeding or (c) disciplinary aulted or exploited a minor or to have sexually abused a
Yes	No
**Ple	rase continue on next page**
	Non-Employee – Background Disclosure

If you answered "Yes" on the previous page, please describe and provide the date(s) of the finding(s) and the penalty (penalties) imposed.	
Please list all states in which you have resided in the past 5 years?	
We require your legal name and birth date, plus other optional information, to obtain from the Washington State Patrol Criminal Identification System (or similar state agency) a report of your record and criminal convictions for offenses against persons, civil adjudications of child abuse, and disciplinary board final decisions. If you are able to begin work before that report is available, <b>your intern/volunteer status will be conditioned upon the receipt of a satisfactory report.</b> A thumbprint may be required to later verify information received from the State Patrol.	
We will be notified of the State Patrol's response within 10 days after they receive the report. We will make a copy of the report available to you upon request. All information will be confidential.	
UNDER PENALTY OF PERJURY, I certify that the above information is true, correct and complete. I understand that I can be discharged from volunteering for any misrepresentation or omission in the above statement. I also understand that my volunteer status is conditioned on your receipt of a satisfactory report from the Washington State Patrol (or similar state agency).	
Signature:	
Print Name:	
Other Names: alias, maiden, etc:	
Date of Birth:	
Date:	

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